

General

Guideline Title

Promoting safety: alternative approaches to the use of restraints.

Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Promoting safety: alternative approaches to the use of restraints. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2012 Feb. 147 p. [183 references]

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

The levels of evidence supporting the recommendations (Ia, Ib, IIa, IIb, III, IV) are defined at the end of the "Major Recommendations" field.

Practice Recommendations

Recommendation 1

Nurses establish a therapeutic relationship with the client who is at risk of harm to self/others to help prevent the use of restraints.

(Level of Evidence = IV)

Recommendation 2

Nurses should assess the client on admission and on an ongoing basis to identify any risk factors that may result in the use of restraints.

(Level of Evidence = IIb)

Recommendation 3

Nurses should utilize clinical judgment and validated assessment tools to assess clients at risk for restraint use.

(Level of Evidence = IIb)

Recommendation 4

Nurses in partnership with the interprofessional team and client/family/substitute decision-makers (SDM) should create an individualized plan of

care that focuses on alternative approaches to the use of restraints.

(Level of Evidence = IIb)

Recommendation 5

Nurses in partnership with the interprofessional team should continuously monitor and re-evaluate the client's plan of care based on observation and/or concerns expressed by the client and/or family/SDM.

(Level of Evidence = IV)

Recommendation 6

Nurses in partnership with the interprofessional team should implement multi-component strategies to prevent the use of restraints for clients identified at risk.

(Level of Evidence = IIa)

Recommendation 7

Nurses in partnership with the interprofessional team should implement de-escalation and crisis management techniques and mobilize the appropriate resources to promote safety and mitigate risk of harm for all in the presence of escalating responsive behaviours.

(Level of Evidence = IIb)

Recommendation 8

Nurses in partnership with the interprofessional team should engage in care practices that minimize any risk to the client's safety and well-being throughout the duration of any restraining process.

(Level of Evidence = IV)

Education Recommendations

Recommendation 9

Education on working with clients at risk for the use of restraints should be included in all entry to practice nursing curricula as well as ongoing professional development opportunities with specific emphasis on:

- Approaches to care (e.g., trauma informed care)
- Communication and education of client/family/SDM and key components of debriefing
- Education on nursing responsibilities for the proper application of restraints
- Ethical decision-making
- Knowledge of diagnoses and common triggers associated with responsive behaviours putting clients at risk for the use of restraints
- Interprofessional collaboration
- Knowledge of basic prevention, alternative approaches, de-escalation and crisis management
- Monitoring and documentation responsibilities
- Nurses' responsibilities regarding self-reflection and exploring their values and beliefs surrounding the use of restraints and threats to client autonomy and human rights
- Therapeutic nurse client relationships; client-centred care and client rights
- Types of restraints (least to most restrictive) and associated safety risks, and the potential complications from the use of restraints
- Understanding of the legal and legislative requirements governing the use of restraints

(Level of Evidence = Ib)

Organization & Policy Recommendations

Recommendation 10

Health-care organizations should implement risk management and quality improvement strategies to enable a culture that promotes alternative approaches to the use of restraints in support of client rights and staff safety by:

- Establishing a definition of what is a restraint
- Developing a philosophy that promotes alternative approaches to the use of restraints
- Establishing a restraint reduction/prevention policy
- Developing structures that allow for early identification of clients at risk of harm to self/others placing them at risk for the use of restraints
- Educating the client/family/SDM about the associated risks of restraint use and exploring their concepts of safety
- Establishing a multi-component program including staff education on alternative strategies to the use of restraints
- Using alternative approaches, de-escalation and crisis management as the first and second line intervention strategies prior to the use of restraints as a safety measure of last resort
- Establishing monitoring protocols for clients and the documentation requirements for the duration of any restraining episode
- Establishing communication responsibilities and debriefing procedures for client/family/SDM and the interprofessional team
- Establishing evaluation programs to monitor the rate of restraint use, the uptake of alternative approaches to the use of restraints, and the impact on client/family/SDM and interprofessional team safety

(Level of Evidence = Ib)

Recommendation 11

The organization's model of care should promote an interprofessional team approach in collaboration with the client/family/SDM that supports the use of alternative approaches and prevents the use of restraints.

(Level of Evidence = III)

Recommendation 12

Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:

- An assessment of organizational readiness and barriers to education, taking into account local circumstances
- Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process
- Ongoing opportunities for discussion and education to reinforce the importance of best practices
- Dedication of a qualified individual to provide the support needed for the education and implementation process
- Ongoing opportunities for discussion and education to reinforce the importance of best practices
- Opportunities for reflection on personal and organizational experience in implementing guidelines

(Level of Evidence = IV)

Definitions:

Levels of Evidence

Ia Evidence obtained from systematic review and meta-analysis of randomized controlled trials

Ib Evidence obtained from at least one well-designed randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

Adapted from "Annex B: Key to evidence statements and grades of recommendations," by the Scottish Intercollegiate Guidelines Network (SIGN), 2012, in *SIGN 50: A Guideline Developer's Handbook*. Available from <http://www.sign.ac.uk/guidelines/fulltext/50/annexoldb.html> []

Clinical Algorithm(s)

The following algorithms are provided in the appendices of the original guideline document:

- Alternative to restraints decision tree
- Siderail and alternative equipment intervention decision tree

Scope

Disease/Condition(s)

Any condition that might require the use of restraints

Note: *Restraints* as defined by the College of Nurses of Ontario (CNO) (2009) are physical, environmental or chemical measures used to control the physical or behavioural activity of a person or a portion of his/her body. The movement towards the use of alternative practices for restraint-free care cannot apply to all organizational setting (e.g., Policing and Corrections), as these settings are beyond the scope of this guideline.

Guideline Category

Evaluation

Management

Risk Assessment

Clinical Specialty

Geriatrics

Nursing

Pediatrics

Psychiatry

Psychology

Intended Users

Advanced Practice Nurses

Health Care Providers

Hospitals

Managed Care Organizations

Nurses

Guideline Objective(s)

To assist registered nurses (RNs) and registered practical nurses (RPNs) to focus on evidence-based best practices within the context of the nurse-client relationship and on strategies for assessment, prevention and use of alternative practices (including de-escalation and crisis management techniques) to prevent the use of restraints, and move towards restraint-free care in diverse settings such as acute, long-term and home health-care

Target Population

Individuals at risk of demonstrating behaviours of harm to self/others

Interventions and Practices Considered

1. Establishment of a therapeutic relationship with the client
2. Assessment of client's risk factors for use of restraints using validated assessment tools
3. Interprofessional team approach to individualized plan of care
 - Multi-component strategies to prevent use of restraints
 - De-escalation and crisis management techniques to promote safety
4. Education on use of restraints in nursing curricula
5. Implementation of risk management and quality improvement strategies
6. Promotion of alternative approaches to the use of restraints

Major Outcomes Considered

- Duration of restraint process
- Rate of restraint use
- Alternative strategies

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Searches of Unpublished Data

Description of Methods Used to Collect/Select the Evidence

The search strategy utilized during the development of this guideline focused on two key areas: a structured website search to identify best practice guidelines published on the topic of restraints no earlier than January 2005 and a literature review to identify primary studies, meta-analyses and systematic reviews published in this area from January 2000 to April 2010.

Guideline Search

One individual searched an established list of websites for content related to the topic area in January 2009. This list of sites was compiled based on existing knowledge of evidence-based practice websites, known guideline developers and recommendations from the literature. Presence or absence of guidelines was noted for each site searched as well as date searched. The websites at times did not house guidelines, but directed to another Web site or source for guideline retrieval. Guidelines were either downloaded if full versions were available or were ordered by phone/email.

Search Engine Web Search

In addition, a website search for existing practice guidelines on the topic of restraints was conducted via the search engine "Google", using key search terms. One individual conducted this search noting the result of the search, the Web sites reviewed, date and a summary of results. The result of the search was then integrated into the established list of guideline Web sites for content related to the topic.

Hand Search/Panel Contributions

Panel members were also asked to review personal archives to identify guidelines not previously found through the above search strategies. Identified guidelines by panel members were checked against the established list from guideline websites and integrated into the list of guidelines if they had not already been identified in the search and met the inclusion criteria.

Literature Review

A university health sciences librarian conducted a database search for existing evidence related to restraint use. An initial search of the MEDLINE, EMBASE, Cumulative Index to Nursing and Allied Health (CINAHL) databases for primary studies and systematic reviews published from January 2000 to April 2010 was conducted in April 2010 using the following search terms: "Restraint", "Physical and Restrain", "Mechanical and Restrain", "Manual and Restrain", "Physical and Immobilization", "Chemical and Restrain", "Pharmacological and Restrain", "Environmental and Restrain", "Seclusion and Restrain", "Patient and Restrain", "Patient Isolation and Restraint, Physical", "Restrict and Device", "Restrain and Free", "Restrain and Minimization", "Restraining and Restrain", "Restrain and Reduction", "Nursing", "Nurses", "Nurse or Nurses or Nursing", "Nursing Practice", "Nursing Assistants", "Patient Care", "Patient and Care", "Immobilization and Stress", "Physical and Immobilization", "Treatments and Procedures and Restrain", "Nursing Care Coordination", "Suicide and Self Restraint". The members of the guideline development panel were also asked to review personal archives to identify key sentinel literature on the topic to ensure all evidence was captured in the literature search. As directed by the consensus panel, supplemental literature searches were conducted where needed.

Hand Search

A hand search of articles published since the database search that resulted in the systematic review (April 2010 to April 2011) was conducted to ensure no recently published research relating to the topic and guideline *Promoting Safety: Alternative Approaches to the Use of Restraints* resulted in new findings.

Number of Source Documents

290 articles were included in the systematic review.

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Levels of Evidence

Ia Evidence obtained from systematic review and meta-analysis of randomized controlled trials

Ib Evidence obtained from at least one well-designed randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

Adapted from "Annex B: Key to evidence statements and grades of recommendations," by the Scottish Intercollegiate Guidelines Network (SIGN), 2012, in *SIGN 50: A Guideline Developer's Handbook*. Available from <http://www.sign.ac.uk/guidelines/fulltext/50/annexoldb.html>

Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review with Evidence Tables

Description of the Methods Used to Analyze the Evidence

As part of the evidence review, the guideline development panel conducted a critical appraisal of the 19 retrieved existing clinical guidelines related to the use of restraints, using the Appraisal of Guidelines for Research and Evaluation (AGREE) Instrument II. This process resulted in the decision that 10 of these guidelines were relevant to the scope of the guideline to be developed and would be used to inform the panel when developing the recommendations with supporting discussions of evidence.

As part of the rigorous guideline development process for the Nursing Best Practice Guidelines Program, a systematic review of the literature was conducted. The search strategy of the research literature resulted in the retrieval of more than 1,308 abstracts on the topic of restraints. See Appendix C of the original guideline document for details of the Systematic Review and search strategy and outcomes.

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

In April of 2010, a panel of nurses and health-care professionals from a range of practice settings with expertise in practice, education and research with clients at risk of behaviours of harm to self/others resulting in the possible use of restraints was convened under the auspices of the Registered Nurses' Association of Ontario (RNAO). The panel discussed the purpose of their work, and came to consensus on the scope of this best practice guideline. It was the consensus of the guideline development panel that the use of a model in tandem with guiding principles (see Figure 1, pg. 20-21 in the original guideline document) along with the development of the seven clinical questions was a critical to the development of guideline recommendations:

1. What assessment approaches and tools are available to assist nurses to identify clients at risk for restraint use?
2. What prevention strategies and tools are available to support nurses to care for clients at risk for restraint use?
3. What de-escalation and crisis management techniques are available to support nurses to care for clients at risk for restraint use?
4. What safety and monitoring strategies does the nurse need to consider when restraints are considered as a last intervention?
5. What education and training is required to support nurses in the implementation of alternative approaches and/or the use of restraints when caring for clients at risk for restraint use?
6. What organizational characteristics support nurses across all practice settings to move towards a restraint-free practice environment?
7. What studies are available on environments conducive to restraint-free practices?

The panel was divided into expert subgroups by area of clinical and academic expertise and interest to consider the evidence summaries according to the clinical questions for thematic analysis for the purpose of drafting recommendations for the guideline. The subgroups linked the evidence (ranging from randomized controlled trials to grey literature) to themes that formed the basis for the development of the recommendations. Through consensus process panel subgroups, based on answering the seven clinical questions, developed major recommendation themes. The guideline recommendations were then brought back to the whole panel for consensus and approval. This process resulted in the development of practice, education and organization and policy recommendations. The panel members as a whole reviewed the draft recommendations, discussed gaps, reviewed the evidence and came to consensus on the final set of recommendations. The document was further refined to readily support clinical practice.

Rating Scheme for the Strength of the Recommendations

Not applicable

Cost Analysis

The guideline developers reviewed published cost analyses.

Method of Guideline Validation

External Peer Review

Internal Peer Review

Description of Method of Guideline Validation

Recognizing the importance of collaboration across disciplines in practice settings, a subsequent draft was submitted to a set of external stakeholders for review and feedback. Stakeholders represented various health-care professional and advocacy groups, clients/families/substitute decision-makers (SDM), as well as professional associations. External stakeholders were provided with specific questions for comment, as well as the opportunity to give overall feedback and general impressions. The feedback from stakeholders was compiled and reviewed by the development panel discussion and consensus resulted in revisions to the draft document prior to publication.

Evidence Supporting the Recommendations

Type of Evidence Supporting the Recommendations

The type of evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Appropriate use of alternative approaches to the use of restraints

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

- These guidelines are not binding on nurses or the organizations that employ them. The use of these guidelines should be flexible, and based on individual needs and local circumstances. They neither constitute a liability nor discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor the Registered Nurses' Association of Ontario give any guarantee as to the accuracy of the information contained in them nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omissions in the contents of this work.
- This nursing best practice guideline is a comprehensive document, which provides resources necessary for the support of evidence-based nursing practice. The document must be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. This guideline should not be applied in a "cookbook" fashion, but rather as a tool to enhance decision-making in the provision of individualized care. In addition, the guideline provides an overview of appropriate structures and supports necessary for the provision of best possible care.
- Nurses, other health-care professionals and administrators who are leading and facilitating practice changes will find this document valuable for the development of policies, procedures, protocols, educational programs, assessment and documentation tools. It is recommended that the nursing best practice guidelines be used as a resource tool. Nurses providing direct client care will benefit from reviewing the recommendations, the evidence in support of the recommendations and the process that was used to develop the guideline. However, it is highly recommended that practice settings/environments adapt these guidelines in formats that would be user-friendly for daily use. This guideline has some suggested formats for such local adaptation and tailoring.

Implementation of the Guideline

Description of Implementation Strategy

Toolkit: Implementing Clinical Practice Guidelines

Best practice guidelines can only be successfully implemented if there are: adequate planning, resources, organizational, and administrative support as well as the appropriate facilitation. Registered Nurses' Association of Ontario (RNAO), through a panel of nurses, researchers, and administrators has developed the *Toolkit: Implementation of Clinical Practice Guidelines* (2012) based on available evidence, theoretical perspectives, and consensus. The *Toolkit* is recommended for guiding the implementation of any clinical practice guideline in a health care organization.

The *Toolkit* provides step-by-step directions to individuals and groups involved in planning, coordinating, and facilitating the guideline implementation. Specifically, the *Toolkit* addresses the following key steps in implementing a guideline:

1. Identifying a well-developed, evidence-based clinical practice guideline
2. Identification, assessment and engagement of stakeholders
3. Assessment of environmental readiness for guideline implementation
4. Identifying and planning evidence-based implementation strategies
5. Planning and implementing evaluation
6. Identifying and securing required resources for implementation

Implementing guidelines in practice that result in successful practice changes and positive clinical impact is a complex undertaking. The *Toolkit* is one key resource for managing this process.

Evaluation/Monitoring of Guideline

Organizations implementing the recommendations in this nursing best practice guideline are encouraged to consider how the implementation and its impact will be monitored and evaluated. A table found in the original guideline document, based on a framework outlined in the RNAO *Toolkit: Implementation of Clinical Practice Guidelines* (2012), illustrates some indicators for monitoring and evaluation.

Implementation Strategies

The RNAO and the guideline development panel have compiled a list of implementation strategies to assist health care organizations or health care disciplines who are interested in implementing this guideline. A summary of these strategies follows:

- Executive Senior Leadership should view the establishment of a culture that supports alternative approaches to prevent the use of restraints as an organizational priority.
- Have at least one dedicated individual, such as an advanced practice nurse or a clinical resource nurse, who will provide support, clinical expertise and leadership. The individual should also have good interpersonal, facilitation and project management skills.
- Conduct an organizational needs-assessment related to *Promoting Safety: Alternative Approaches to the Use of Restraints* to identify current knowledge base and further educational requirements.
- Initial needs assessment may include an analysis approach, survey and questionnaire, group format approaches (e.g. focus groups) and critical incidents.
- Establish a steering committee comprised of key stakeholders, interprofessional members with client/family/substitute decision maker (SDM) member representation committed to lead the change initiative. Identify short-term and long-term goals. Keep a work plan to track activities, responsibilities and timelines.
- Create a vision to help direct the change effort and develop strategies for achieving and sustaining the vision.
- Program design should include:
 - Target population
 - Goals and objectives
 - Outcome measures
 - Required resources (human resources, facilities, equipment)
 - Evaluation activities
- Design educational sessions and ongoing support for implementation. The education sessions may consist of presentations, facilitator's guide, handouts, and case studies. Binders, posters and pocket cards may be used as ongoing reminders of the training. Plan education sessions that are interactive, include problem-solving, address issues of immediate concern and offer opportunities to practice new skills.
- Provide organizational support such as having the structures in place to facilitate the implementation. For example, hiring replacement staff so participants will not be distracted by concerns about work and having an organizational philosophy that reflects the value of best practices through policies and procedures. Develop new assessment and documentation tools.
- Identify and support designated best practice champions on each unit to promote and support implementation. Celebrate milestones and

achievements, acknowledging work well done.

- Organizations implementing this guideline should adopt a range of self-learning, group learning, mentorship and reinforcement strategies that will, over time, build the knowledge and confidence of nurses in implementing this guideline.
- Beyond skilled nurses, the infrastructure required to implement this guideline includes access to specialized equipment (alternative approach and restraints materials). Orientation of the staff to the use of specific products and technologies must be provided and regular refresher training planned.
- Teamwork, collaborative assessment and treatment planning with the client/family/SDM and interprofessional team are beneficial in implementing guidelines successfully. Referral should be made as necessary to services or resources in the community or within the organization.

Implementation Tools

Audit Criteria/Indicators

Chart Documentation/Checklists/Forms

Clinical Algorithm

Mobile Device Resources

Patient Resources

Tool Kits

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Safety

Identifying Information and Availability

Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Promoting safety: alternative approaches to the use of restraints. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2012 Feb. 147 p. [183 references]

Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2012 Feb

Guideline Developer(s)

Registered Nurses' Association of Ontario - Professional Association

Source(s) of Funding

Funding was provided by the Ontario Ministry of Health and Long-Term Care.

Guideline Committee

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Financial Disclosures/Conflicts of Interest

Declarations of interest and confidentiality were made by all members of the guideline development panel. Further details are available from the Registered Nurses' Association of Ontario.

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available from the [Registered Nurses' Association of Ontario \(RNAO\) Web site](#) .

Print copies: Available from the Registered Nurses' Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

Availability of Companion Documents

The following is available:

- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2012 Sep. 154 p. Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses' Association of Ontario \(RNAO\) Web site](#) .
- Sustainability of best practice guideline implementation. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 24 p. Electronic copies: Available in PDF and as a power point presentation from the [RNAO Web site](#) .
- Educator's resource: integration of best practice guidelines. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2005 Jun. 123 p. Electronic copies: Available in PDF from the [RNAO Web site](#) .

Print copies: Available from the Registered Nurses' Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3

Various screening tools, questionnaires, and checklists for alternative approaches to the use of restraints are available in the appendices of the [original guideline document](#) . The table in the "Evaluation/Monitoring of Guideline" section of the original guideline document contains indicators.

Mobile versions of RNAO guidelines are available from the [RNAO Web site](#) .

Patient Resources

The following is available:

- Promoting safety: alternative approaches to the use of restraints. Health education fact sheet. Registered Nurses' Association of Ontario (RNAO); 2 p. Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses' Association of Ontario \(RNAO\) Web site](#).

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

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